TO: USPTO RECEIVED CENTRAL FAX CENTER

AUG 2 1 2006

"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of) Before the Examiner				
Adeana Richelle Bishop, et al.) Prem C. Singh				
U. S. Serial No. 10/652,390)				
) Confirmation Number: 3586				
Filed: August 29, 2003)				
,) Group Art Unit: 1764				
OXYGENATE TREATMENT OF)				
DEWAXING CATALYST FOR) Family Number: P2002J085 US2				
GREATER YIELD OF DEWAXED) ·				
PRODUCT)				
Commissioner for Patents					
P.O. Box 1450					
Alexandria, Virginia 22313-1450					
Sir:					

INTRODUCTORY COMMENTS

The Office Action of July 14, 2006, has been carefully reviewed, and in response thereto, applicants enclose:

- (1) an Amendment to the Claims, and
- (2) Remarks in support of the patentability of their claimed invention.

CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-571-273-8300 on the date shown below. Susan Fleming Print name of person signing certification Signature Date

PATENT TRADEMARK OFFICE

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X Pursuant to 37 CFR 1.34(a)
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AMENDMENT TRANSMITTAL FORM

In re application of: Adeana Richelle Bishop, et al. U. S. Serial No.: 10/652,390								
P.O. Box 1450 Alexandria, Virginia 22313-1450								
CERTIFICATION OF FACSIMILE TRANSMISSION								
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	Susan Fleming		Susan Jemy August 21, 2006					
Type or print	t name of person signing (ertification	Signature	X_	D	ate		
Transmittal herewith is an amendment/response in the above-identified application.								
Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fcc for this extension of time is calculated to be \$ to extend the time for filing this response until								
The fee for any	changes in number of cla	ims has been ca	lculated as shown below.					
		C	LAIMS AS AMENDED					
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)		
Total Claims	* 64	Minus	. 69		x 50.00			
Indep. Claims	· c	Minus	6		× 200.00			
MULTIPLE DEPENDENT CLAIM FEE \$ 360.00								
			t	EE FOR CLAIN	A CHANGES	0		
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. ** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.								
The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$								
X Charge S to DEPOSIT ACCOUNT NO. 05-1330.								
X The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be								
required by this paper, or credit any overpayment, to DEPOSIT ACCOUNT NO. 05-1330.								
Shallow Prolls Prolls								
DATE OF SIGNATURE ATTORNEY OR AGENT OF RECORD								
Post Office Address: [to which correspondence is to be sent]								
	l Research and Enginee		·	istration No.	35,054			

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